Section 3: Dental Claims

Introduction

The ASC X12N 837 (04010X097A1) transaction is the HIPAA-mandated instrument for submitting dental claims or encounter data. Any claim that would be submitted on an ADA Dental claim form must be submitted electronically using this transaction.

This document is intended only as a companion guide to and is not intended to contradict or replace any information in the EDI Implementation Guides *(IG)*. It is highly recommended that implementers have the following resources available during the development process:

- This document, *Companion Guide – 837 Dental Claims*

- ASC X12N 837 004010X097 Implementation Guide

- ASC X12N 837 004010X097A1 Implementation Guide Addenda

A *997 – Acknowledgement* file will be sent to acknowledge all 837D transaction sets that are sent to ISDH. An 835 – Payment Advice will be sent for all HIPAA Compliant 837D claims. See the companion guides for these transactions on our web site for more information: http://www.in.gov/isdh/programs/cshcs/provider.htm

Additionally, the following stipulation should be considered when developing for the 837D:

- **ISDH will be validating at the ST-SE level. We recommend that you take this into consideration when deciding how many claims to submit within a single ST-SE as a single error will cause the entire transaction set (ST-SE) to be rejected.**

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Segment Usage – 837D

The following matrix lists all segments available for submission using the 4010
version of the 837D transaction. Additionally, it includes an ISDH Usage column
that identifies those segments that are required, situational, or not used by the ISDH.
A required segment element must appear on all transactions. Failure to include a
required segment results in a compliance error. A situational segment is not required
for every type of transaction; however, a situational segment may be required under
certain circumstances. Any data in a segment that is identified in the *Usage* column
with an **X** is ignored by the ISDH. Any segment identified in the *Usage* column as
required or situational is explained in detail in the *Segment and Data Element
Description* of this document.

Table 3.1 – 837D Segments

ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
N2	1000A	Additional Submitter Name Information	X – deleted per addenda
PER	1000A	Submitter Contact Information	R
NM1	1000B	Receiver Name	R
N2	1000B	Receiver Additional Name Information	X – deleted per addenda
HL	2000A	Billing/Pay-To Hierarchical Level	R
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N2	2010AA	Additional Billing Provider Name Information	X – deleted per addenda
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/Zip Code	R
REF	2010AA	Billing Provider Secondary Identification Number	R
REF	2010AA	Claim Submitter Credit/Debit Card Information	X
NM1	2010AB	Pay-To Provider Name	X
N2	2010AB	Additional Pay-to-Provider Name Information	X – deleted per addenda

Table 3.1 – 837D Segments

ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
N3	2010AB	Pay-To Provider Address	X
N4	2010AB	Pay-To Provider City/State/Zip Code	X
REF	2010AB	Pay-To Provider Secondary Identification Number	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
NM1	2010BA	Subscriber Name	R
N2	2010BA	Additional Subscriber Name Information	X – deleted per addenda
N3	2010BA	Subscriber Address	S
N4	2010BA	Subscriber City/State/Zip Code	S
DMG	2010BA	Subscriber Demographic Information	S
REF	2010BA	Subscriber Secondary Identification	S
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Payer Name	R
N2	2010BB	Additional Payer Name Information	X – deleted per addenda
N3	2010BB	Payer Address	X
N4	2010BB	Payer City/State/Zip Code	X
REF	2010BB	Payer Secondary Identification Number	X
NM1	2010BC	Credit/Debit Card Holder Name	X
N2	2010BC	Additional Credit/Debit Card Holder Name Information	X – deleted per addenda
REF	2010BC	Credit/Debit Card Information	X
HL	2000C	Patient Hierarchical Level	X
PAT	2000C	Patient Information	X
NM1	2010CA	Patient Name	X
N2	2010CA	Additional Name Information	X – deleted per addenda
N3	2010CA	Patient Address	X
N4	2010CA	Patient City/State/Zip Code	X
DMG	2010CA	Patient Demographic Information	X
REF	2010CA	Patient Secondary Identification	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R

Table 3.1 – 837D Segments

ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
DTP	2300	Date – Admission	S
DTP	2300	Date –Discharge	S
DTP	2300	Date – Referral	X – deleted per addenda
DTP	2300	Date – Accident	S
DTP	2300	Date – Appliance Placement	X
DTP	2300	Date - Service	S
DN1	2300	Orthodontic Total Months of Treatment	S
DN2	2300	Tooth Status	X
PWK	2300	Claim Supplemental Information	S
AMT	2300	Patient Paid Amount	S
AMT	2300	Credit/Debit Card Maximum Amount	X
REF	2300	Service Authorization Exception Code	S
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Prior Authorization or Referral Number – *Name modified per addenda*	S
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
NTE	2300	Claim Note	S
NM1	2310A	Referring Provider Name	S
PRV	2310A	Referring Provider Specialty Information	S
N2	2310A	Additional Referring Provider Name Information	X – deleted per addenda
REF	2310A	Referring Provider Secondary Identification	S
NM1	2310B	Rendering Provider Name	S
PRV	2310B	Rendering Provider Specialty Information	S
N2	2310B	Additional Rendering Provider Name Information	X – deleted per addenda
REF	2310B	Rendering Provider Secondary Information	S
NM1	2310C	Service Facility Location	X
N2	2310C	Additional Service Facility Location Name Information	X – deleted per addenda
REF	2310C	Service Facility Location Secondary Information	X
SBR	2320	Other Subscriber Information	S

Table 3.1 – 837D Segments

ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
CAS	2320	Claim Level Adjustment	S
AMT	2320	Coordination of Benefits (COB) Payer Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Approved Amount	X
AMT	2320	Coordination of Benefits (COB) Allowed Amount	X
AMT	2320	Coordination of Benefits (COB) Patient Responsibility Amount	X
AMT	2320	Coordination of Benefits (COB) Covered Amount	X
AMT	2320	Coordination of Benefits (COB) Discount Amount	X
AMT	2320	Coordination of Benefits (COB) Patient Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Tax Amount	X
DMG	2320	Other Insured Demographic Information	X
OI	2320	Other Insurance Coverage Information	X
NM1	2330A	Other Subscriber Name	X
N2	2330A	Additional Other Subscriber Name Information	X – deleted per addenda
N3	2330A	Other Subscriber Address	X
N4	2330A	Other Subscriber City/State/Zip Code	X
REF	2330A	Other Subscriber Secondary Identification	X
NM1	2330B	Other Payer Name	X
N2	2330B	Additional Other Payer Name Information	X – deleted per addenda
PER	2330B	Other Payer Contact Information	X
DTP	2330B	Claim Paid Date	X
REF	2330B	Other Payer Secondary Identifier	X
REF	2330B	Other Payer Prior Authorization or Referral Number – *Name modified per addenda*	X
REF	2330B	Other Payer Claim Adjustment Indicator	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification	X
NM1	2330D	Other Payer Referring Provider	X
REF	2330D	Other Payer Referring Provider Identification	X
NM1	2330E	Other Payer Rendering Provider	X
REF	2330E	Other Payer Rendering Provider Secondary Identification	X

Table 3.1 – 837D Segments

ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
LX	2400	Service Line Number	R
SV3	2400	Dental Service	R
TOO	2400	Tooth Information	S
DTP	2400	Date – Service	S
DTP	2400	Date – Prior Placement	X
DTP	2400	Date – Appliance Placement	X
DTP	2400	Date – Replacement	X
QTY	2400	Anesthesia Quantity	X
REF	2400	Service Predetermination Identification	X
REF	2400	Prior Authorization or Referral Number – *Name modified per addenda*	S
REF	2400	Line Item Control Number	S
AMT	2400	Approved Amount	X
AMT	2400	Sales Tax Amount	X
NTE	2400	Line Note	X
NM1	2420A	Rendering Provider Name	X
PRV	2420A	Rendering Provider Specialty Information	X
N2	2420A	Additional Rendering Provider Name Information	X – deleted per addenda
REF	2420A	Rendering Provider Secondary Identification	X
NM1	2420B	Other Payer Referral Number	X
REF	2420B	Other Payer Referral Number	X
SVD	2430	Line Adjudication Information	X
CAS	2430	Service Adjustment	X
DTP	2430	Line Adjudication Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the Indiana HIPAA implementation of the 837D. Each segment table contains rows and columns describing different elements of the segment.

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Segment Name – The industry assigned segment name as identified in the *IG.*

Segment ID – The industry assigned segment ID as identified in the *IG.*

Loop ID – The loop where the segment should appear.

Usage – Identifies the segment as required or situational.

Segment Notes – A brief description of the purpose or use of the segment.

Example – An example of complete segment.

Element ID – The industry assigned data element ID as identified in the *IG.*

Usage – Identifies the data element as **R**-required, **S**-situational, or N/A-not used.

Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the *IG* data element name. This column also lists in **BOLD** type the values and code sets to use.

Comments – Description of the contents of the data elements, including field lengths.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Beginning of Hierarchical Transaction
Segment ID	BHT
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Transaction Type Identification
Segment ID	REF
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

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Segment Name	Submitter Name
Segment ID	NM1
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Submitter Contact Information
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Receiver Name
Segment ID	NM1
Loop ID	1000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Provider Hierarchical Level
Segment ID	HL
Loop ID	2000A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing/Pay-To Specialty Information
Segment ID	PRV
Loop ID	2000A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Name
Segment ID	NM1
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Address
Segment ID	N3
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider City/State/Zip Code
Segment ID	N4
Loop ID	2010AA
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Billing Provider Secondary Identification
Segment ID	REF
Loop ID	2010AA
Usage	Required
Segment Notes	One instance of this loop is required to use G2-Provider Commercial Number.
Example	REF*G2*123456~

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier **G2 –** Provider Commercial Number Use G2 for one instance of this loop. Other instances of this loop can be sent with other codes. See IG for list of valid codes.	**Per HIPAA compliance, this loop can repeat up to 20 times. It is ISDH's rule that one of these instances must use Reference Id Qualifier G2.**
REF02	R	Billing Provider Additional Identifier	**When REF01 = G2 then REF02 = ISDH assigned provider id.**
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Pay To Provider Secondary Information
Segment ID	REF
Loop ID	2010AB
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Hierarchical Level
Segment ID	HL
Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Information
Segment ID	SBR
Loop ID	2000B
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Name
Segment ID	NM1
Loop ID	2010BA
Usage	Required
Segment Notes	See ISDH specific rules below.
Example	NM1*IL*1*DOE*JOHN*T***MI*123456

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code **IL** – Insured or Subscriber	
NM102	R	Entity Type Qualifier **1** – Person	
NM103	R	Subscriber's Last Name	
NM104	S	Subscriber's First Name	
NM105	S	Subscriber's Middle Initial	
NM106	N/A	Name Prefix	Not used per IG
NM107	S	Subscriber Name Suffix	
NM108	R	Identification Code Qualifier **MI** – Member Identification Number	
NM109	R	Subscriber Primary Identifier	**This field is required by ISDH.**
NM110	N/A	Entity Relationship Code	Not used per IG
NM111	N/A	Entity Identifier Code	Not used per IG

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010BA – Subscriber Name
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber City/State/Zip Code
Segment ID	N4
Loop ID	2010BA – Subscriber Name
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Demographic Information
Segment ID	DMG
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Subscriber Secondary Information
Segment ID	REF
Loop ID	2010BA
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payer Name
Segment ID	NM1
Loop ID	2010BB
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Information
Segment ID	CLM
Loop ID	2300
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Admission
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Discharge
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Accident
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Service
Segment ID	DTP
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. **If service date is NOT in the 2400 loop then it is required here by ISDH.**

Segment Name	Orthodontic Total Months of Treatment
Segment ID	DN1
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Supplemental Information
Segment ID	PWK
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Patient Paid Amount
Segment ID	AMT
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Service Authorization Exception Code
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Original Reference Number (ICN/DCN
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Prior Authorization or Referral Number
Segment ID	REF
Loop ID	2300
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Note
Segment ID	NTE
Loop ID	2300
Usage	Situational
Segment Notes	The segment provides additional narrative information about this claim.

Segment Name	Referring Provider Name
Segment ID	NM1
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Referring Provider Specialty Information
Segment ID	PRV
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Referring Provider Secondary Identification
Segment ID	REF
Loop ID	2310A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Name
Segment ID	NM1
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Specialty Information
Segment ID	PRV
Loop ID	2310B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Secondary Information
Segment ID	REF
Loop ID	2310B
Usage	Situational
Segment Notes	If this loop is used, one instance must use REF01 = "G2" per ISDH rules.
Example	REF*G2*123456~

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier **G2 –** Provider Commercial Number Use G2 for one instance of this loop. Other instances of this loop can be sent with other codes. See IG for list of valid codes.	**Per HIPAA compliance, this loop can repeat up to 20 times. It is ISDH's rule that one of these instances must use Reference Id Qualifier G2.**
REF02	R	Billing Provider Additional Identifier	**When REF01 = G2 then REF02 = ISDH assigned provider id.**

REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Other Subscriber Information
Segment ID	SBR
Loop ID	2320
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Level Adjustment
Segment ID	CAS
Loop ID	2320
Usage	Situational
Segment Notes	See ISDH rules below.
Example	CAS*CO*23*66.7**CO*3*25.54~

Element ID	Usage	Guide Description/Valid Values	Comments
CAS01	R	Claim Adjustment Group Code **CO** – Contractual Obligations	ISDH will only be using this value. All others can be submitted but they will not be used by ISDH.
CAS02	R	Claim Adjustment Reason Code **3** – Co-payment Amount **23** - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS03	R	Monetary Amount	
CAS04	S	Quantity	
CAS05	S	Claim Adjustment Reason Code **3** – Co-payment Amount **23** - Payment adjusted because charges have been paid by another payer.	ISDH is only using these two values. All others can be submitted but will not be used by ISDH.
CAS06	S	Monetary Amount	
CAS07	S	Quantity	
CAS08	S	Claim Adjustment Reason Code	
CAS09	S	Monetary Amount	
CAS10	S	Quantity	
CAS11	S	Claim Adjustment Reason Code	
CAS12	S	Monetary Amount	
CAS13	S	Quantity	
CAS14	S	Claim Adjustment Reason Code	
CAS15	S	Monetary Amount	

CAS16	S	Quantity	
CAS17	S	Claim Adjustment Reason Code	
CAS18	S	Monetary Amount	
CAS19	S	Quantity	

Segment Name	Service Line
Segment ID	LX
Loop ID	2400
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Professional Service
Segment ID	SV3
Loop ID	2400
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Tooth Information
Segment ID	TOO
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Date – Service
Segment ID	DTP
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules. **If Service date is not in the 2300 loop it is required here by ISDH.**

Segment Name	Prior Authorization or Referral Number
Segment ID	REF
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Line Item Control Number
Segment ID	REF
Loop ID	2400
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

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Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.